

Asphalt Paving Company of Greensboro, Inc.

4349 US Highway 220 N
Summerfield, NC 27358-9401
Phone: (336) 643-4172

APPLICATION FOR EMPLOYMENT

APPLICATION FOR LEASE

NAME _____
(First) (Middle) (Last)

ADDRESS _____
(Street) (City) (State) (Zip)

DATE OF BIRTH _____ SSN _____

TELEPHONE # _____ CELL PHONE # _____

Have you ever been employed by this company in the past? Yes No

If yes, please explain _____

Fair Credit Reporting Act Disclosure Statement

In accordance with the provision of Section 604(b)(2)(A) of the Fair Credit Reporting Act, Public Law 91-508, as amended by the Consumer Credit Reporting Act of 1996 (Title II, Subtitle D, Chapter I, of Public Law 104-208), you are being informed that reports verifying your previous employment, previous drug and alcohol test results, and your driving record may be obtained on you for employment purposes. These reports are required by Sections 382.413, 391.23, and 391.25 of the Federal Motor Carrier Safety Regulations.

Driver Notification

This notice serves to fulfill the requirements of 49 CFR Part 391.23(i). Each motor carrier must notify each driver, who is regulated by the Department of Transportation, of their rights regarding investigative information that will be provided to a prospective employer.

Drivers have:

- The right to review information provided by previous employers;
- The right to have errors in the information corrected by the previous employer and for that previous employer to re-send the corrected information to the prospective employer;
- The right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and the driver cannot agree on the accuracy of the information.

Past Pre-Employment Drug & Alcohol Testing Question

In accordance with 49 CFR Part 40.25(j) the employer is required to ask the employee:

Have you ever tested positive tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which the employee applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years?

Yes No

Applicant's Name _____

PREVIOUS ADDRESSES FOR THE PAST 3 YEARS (attach a separate sheet if more space is needed)

_____ (Street)	_____ (City)	_____ (State)	_____ (Zip)
_____ (Street)	_____ (City)	_____ (State)	_____ (Zip)

CURRENT DRIVERS LICENSE

_____ (State)	_____ (License No.)	_____ (Class/Type)	_____ (Expiration Date)
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DRIVER LICENSES FOR THE PAST 3 YEARS (attach a separate sheet if more space is needed)

_____ (State)	_____ (License No.)	_____ (Class/Type)	_____ (Expiration Date)
_____ (State)	_____ (License No.)	_____ (Class/Type)	_____ (Expiration Date)

Have you ever had your license, permit or driving privileges suspended or revoked? Yes No
If yes, please explain _____

DRIVING EXPERIENCE (attach a separate sheet if more space is needed)

Class A (Semi-Tractors): _____
(# of Years & Months Operated)

Class B (Straight Trucks/Dump Trucks, Etc.): _____
(# of Years & Months Operated)

Class B (Buses/Passenger Vehicles): _____
(# of Years & Months Operated)

Types of Trailers Transported/Operated

Dry Van: <input type="checkbox"/>	Reefer: <input type="checkbox"/>	Flatbed: <input type="checkbox"/>	Double/Triples: <input type="checkbox"/>	Tanker: <input type="checkbox"/>
Pneumatic: <input type="checkbox"/>	Dump Trailer: <input type="checkbox"/>	Hopper: <input type="checkbox"/>	Intermodal: <input type="checkbox"/>	Auto Hauler: <input type="checkbox"/>
Specialized: <input type="checkbox"/>	Hot Shot: <input type="checkbox"/>	Other (please list): _____		

MOTOR VEHICLE ACCIDENTS FOR PAST 3 YEARS (attach a separate sheet if more space is needed)

Date	Nature of the Accident	# of Fatalities	# of Injuries

VIOLATIONS OF MOTOR VEHICLE LAWS or ORDINANCES FOR THE PAST 3 YEARS

(please do not list parking violations - attach a separate sheet if more space is needed)

_____ (Violation)	_____ (Date of Violation)	_____ (Violation)	_____ (Date of Violation)
_____ (Violation)	_____ (Date of Violation)	_____ (Violation)	_____ (Date of Violation)

Applicant's Name _____

Have you ever been convicted of a Felony, DUI or DWI? Yes No

If yes, please explain _____

Are currently working for any other employers, full time or part time? Yes No

If yes, please explain _____

Past Employment or Lease Record

(List ALL past employment for the last 3 years and ALL DOT regulated past employers for the past 10 years)

Past Employer Name _____

Address _____ City _____ State _____

Phone Number _____ Fax Number _____

Position Held _____ From _____ To _____

Reason for Leaving _____

Was your job subject to DOT alcohol and drug testing as required by 49 CFR Part 40? Yes _____ No _____

Were you subject to the FMCSR's while employed by this employer? Yes _____ No _____

Past Employer Name _____

Address _____ City _____ State _____

Phone Number _____ Fax Number _____

Position Held _____ From _____ To _____

Reason for Leaving _____

Was your job subject to DOT alcohol and drug testing as required by 49 CFR Part 40? Yes _____ No _____

Were you subject to the FMCSR's while employed by this employer? Yes _____ No _____

Past Employer Name _____

Address _____ City _____ State _____

Phone Number _____ Fax Number _____

Position Held _____ From _____ To _____

Reason for Leaving _____

Was your job subject to DOT alcohol and drug testing as required by 49 CFR Part 40? Yes _____ No _____

Were you subject to the FMCSR's while employed by this employer? Yes _____ No _____

Past Employer Name _____

Address _____ City _____ State _____

Phone Number _____ Fax Number _____

Position Held _____ From _____ To _____

Reason for Leaving _____

Was your job subject to DOT alcohol and drug testing as required by 49 CFR Part 40? Yes _____ No _____

Were you subject to the FMCSR's while employed by this employer? Yes _____ No _____

Past Employer Name _____

Address _____ City _____ State _____

Phone Number _____ Fax Number _____

Position Held _____ From _____ To _____

Reason for Leaving _____

Was your job subject to DOT alcohol and drug testing as required by 49 CFR Part 40? Yes _____ No _____

Were you subject to the FMCSR's while employed by this employer? Yes _____ No _____

****If needed, please add additional past employers on a separate sheet**

Applicant's Name _____

In Case of Emergency Please Contact:

Name	Relationship	Telephone No.
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TO BE READ AND SIGNED BY THE APPLICANT

This certifies that this application and past employer records have been completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge. I understand that if employed or leased, any misstatement or omission of fact on this application shall be considered cause for dismissal. I authorize investigation of all statements contained in this application for employment or lease as may be necessary in arriving at a decision.

Applicant's Signature

Date of Application

Rehire Date _____

This certifies that this application and any additional past employer records have been completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge. I understand that if employed or leased, any misstatement or omission of fact on this application shall be considered cause for dismissal. I authorize investigation of all statements contained in this application for employment or lease as may be necessary in arriving at a decision.

Applicant's Signature

Date of Application